

# SERVICE CHARTER

**THE "ICARO"  
SPECIALIZED  
THERAPEUTIC COMMUNITY  
FOR DRUG ADDICTS  
INCLUDING  
PSYCHIATRIC COMORBIDITY  
FOR MINORS AND YOUNG  
ADULTS**

**Civitanova Marche (MC)**



Member of CISQ Federation



 [www.pars.it](http://www.pars.it)

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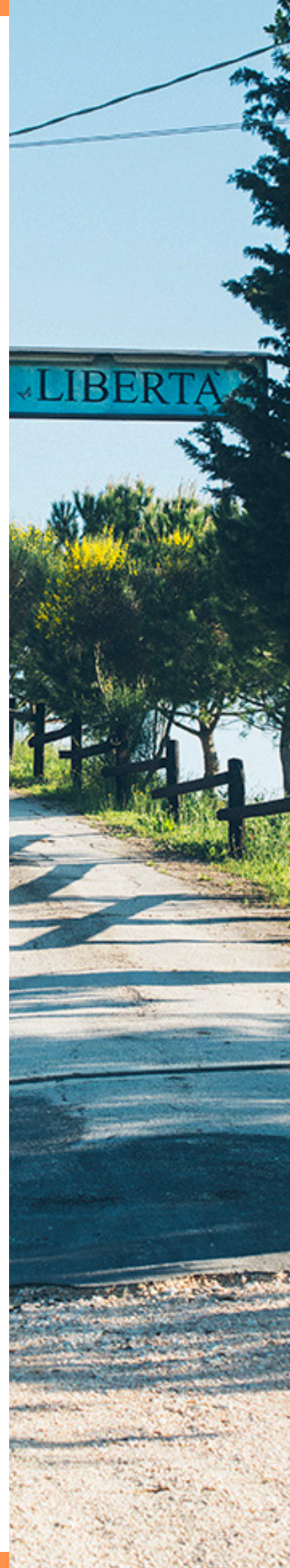
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# PARS "PIO CAROSI" SOCIAL COOPERATIVE SOCIAL ENTERPRISE ETS

## Who We Are

**The PARS "Pio Carosi" Social Cooperative Social Enterprise ETS** has been operating for over 30 years in the field of youth issues and the treatment of pathological addictions, combining culture and inclusion, fragility and empowerment, in the service of disadvantaged individuals. PARS implements multidisciplinary approaches—rehabilitative, socio-educational, psychological, and medical—for the treatment of individuals with substance or alcohol addiction issues, including psychiatric comorbidity (dual diagnosis). Each case is managed through the development of personalized projects, using an integrated approach that articulates across three intervention dimensions: psychotherapeutic, pharmacological, and educational.

## Historical Roots and Organizational Culture

**The PARS story** was born from the desire and hope sparked in some by their encounter with two great educators of our times, Father Pierino Gelmini and Father Luigi Giussani, and from the profound transformation experienced by Pio Carosi, after a long history of drug addiction, in the final years of his life. From these encounters arose the desire to help the recovery of the most difficult young people, combining educational action with the resources offered by medicine and psychology. The core of every intervention and the central aspect of the Cooperative's culture is indeed the attempt to respond in a comprehensive manner to the problems presented, in order to guarantee the overall well-being of the person, respecting their dignity.



## Value References

**Person-Centeredness** – The person is placed at the center of the intervention, with their resources, complexities, and history. The pathways offered are modeled on the specific needs of the person and their understanding of reality, so as to help them express the best of their available resources to achieve the highest level of physical, psychological, and social well-being.

**Equality** – Service delivery is inspired by the principle of equality of citizens' rights. Everyone has equal right to access services, while respecting the provisions that govern the various interventions. In service delivery, therefore, no distinctions are made based on gender, race, language, religion, or political opinions.

**Impartiality** – The procedures and related rules governing service delivery are based on criteria of objectivity, justice, and impartiality.

**Continuity** – Service delivery must be continuous, regular, and without interruptions. In case of irregular operation that does not depend on the client's will, PARS undertakes to adopt all measures aimed at preventing any risk of service interruption, to guarantee continuity of care.

**Participation** – The resident is actively involved in creating their therapeutic pathway: in producing documents, formulating observations and suggestions aimed at improving service provision. The participation of family members and/or significant persons of the resident, as well as the referring services that have the resident in care, also constitutes an essential element for the success of interventions.

**Effectiveness and Efficiency** – PARS adopts the most appropriate measures to ensure the highest possible satisfaction with the best use of available resources and organizational solutions, in compliance with the principles of equality and impartiality.

**Professional Ethics** – All staff commits to carrying out their activities in respect of the dignity and health of residents, referring to the principles specific to the functions performed contained in any specific codes of ethics for the various professions, as well as the Code of Ethics adopted by the PARS Cooperative.

**Transparency** – To make service delivery conditions clear and transparent, PARS makes available to citizens, in addition to the [www.pars.it](http://www.pars.it) website and this service charter, an orientation and prompt reception service, making available its reference staff for each specific service.

**Timeliness** – The Cooperative aims to respond promptly to the needs expressed by residents. Timeliness is also understood in a broader sense as the interception of new needs and immediate and innovative response to them.

**Prevention** – The Cooperative is aware that the fundamental and essential element in its action is prevention activity, aimed at increasing knowledge, information, and protection.

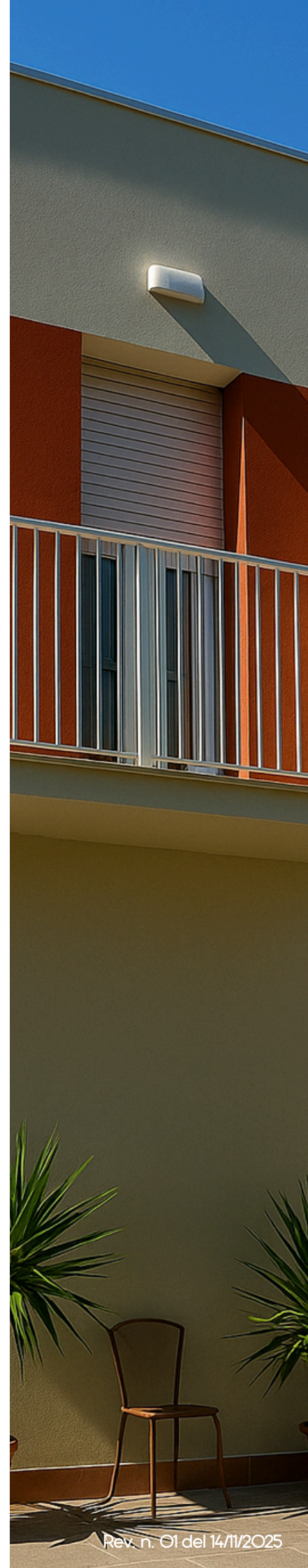
# THE "ICARO" SPECIALIZED THERAPEUTIC COMMUNITY FOR DRUG ADDICTS INCLUDING PSYCHIATRIC COMORBIDITY FOR MINORS AND YOUNG ADULTS

## Name and type of Service

The "Icaro" Therapeutic Community is a **Specialized Residential Therapeutic Facility for pathological addictions including psychiatric comorbidity for minors and young adults**. It is a highly specialized Service aimed at observation, diagnosis, and treatment of drug-addicted minors and young adults with psychiatric comorbidity for specific therapeutic treatments, including recourse to pharmacological therapy and related monitoring.

## Facility Description

The Community is located in the Municipality of **Civitanova Marche** (MC), in the city center and therefore served by all amenities. The Facility meets the minimum general and specific requirements provided by sector regulations and has an organization capable of guaranteeing significant relationships with the reference socio-health context and with territorial services. The Community is arranged on multiple floors and has common spaces, organized in such a way as to guarantee residents the rhythm of normal daily life. **Common spaces** are provided for collective and socialization activities, educational and recreational activities, as well as suitable spaces for group therapeutic-rehabilitative activities. There are also **spaces reserved** for residents. There are bedrooms (double and triple) and 4 bathrooms functionally connected, one of which is for people with limited motor capacity. There is also a laundry-wardrobe room and a kitchen dedicated to food preparation and heating. Meals are consumed in a large dining room. There is the possibility of receiving meals delivered from a centralized kitchen at the Villaggio San Michele Arcangelo in Corridonia.



## Location And Accessibility

The "Icaro" Therapeutic Community for minors and young adults is located at Via G. Carducci No. 107/B, **in the Municipality of Civitanova Marche** (MC) and can be reached following these directions:

- For those coming from the A14 Motorway, exit Civitanova Marche-Macerata. Keep right at the fork and follow the signs for Commercial Zone, Municipal Picture Gallery, Civitanova Marche center, sports hall, North seafront and continue on Via Luigi Einaudi. At the first roundabout take the first exit, at the second roundabout take the second exit, turn right towards Via G. Carducci/SS16. The destination is on the right;
- For those coming from Foligno, take State Road 77 "della Val di Chienti", continue to the end of it, turn left and take Via Martiri di Belfiore. At the first roundabout, take the second exit, continue for about 10 meters. The destination is on the left.

The Facility is located **in the city center**, in a strategic position for reaching every service and utility, including the Hospital and all other health facilities, including the Service for Pathological Addictions. It is also possible to easily reach any point of interest and service in relation to recreational, training, and health activities and for any need of the Resident.

## Target Population

The Facility, which **has 9 places**, is aimed at individuals of both sexes, minors and young adults aged generally between 14 and 25 years (admission allowed up to 21 years of age), with pathological addiction problems (drugs, alcohol, gambling, etc.), and with behavioral manifestations of a psychopathological nature, **including psychiatric comorbidity**.

The Community also welcomes minors and young adults from the juvenile criminal justice system

## Service Purpose

The Service is oriented towards achieving the following goals for each resident:

- Emancipation from substance use;
- Development of personal autonomy and accountability;
- Re-elaboration of one's personal history and vulnerabilities;
- Promotion of identity and life project;
- Strengthening of relational and social skills;
- Social, educational, and/or work reintegration;
- Prevention of relapses and maintenance of results;
- Involvement of the family and territorial network.

## Specific Objectives

Consistent with the purpose, the specific objectives pursued for each resident are:

- To promote the cessation of substance use or pathological behaviors, through a structured pathway of detoxification, psychological support, and awareness, oriented towards lasting and profound change;
- To provide tools for relapse prevention, through the acquisition of resilience skills, risk management, and maintenance of achieved results;
- To promote the growth of introspective capacity and emotional self-knowledge, fostering a constructive elaboration of one's difficulties, aimed at achieving greater maturity and personal autonomy;
- To offer a protected therapeutic space, in which the resident can understand the deep causes of their distress, process traumatic experiences or dysfunctional situations, and learn new emotional regulation strategies;
- To promote awareness regarding any crimes committed and the values of legality, through the involvement of minors and young adults in symbolic reparation actions and social participation, within an educational and personal growth pathway;
- To promote the development of healthy and meaningful relationships, counteracting the repetition of dysfunctional or deviant relational patterns;
- To restore and enrich the cognitive, physical, and emotional heritage of the resident, strengthening the individual skills necessary to face daily life more consciously and resiliently;
- To accompany the pathway of acquiring decisional, emotional, affective, relational, and social autonomy, calibrated to individual capacities and resources;
- To support the construction of a conscious and future-oriented life project, through the definition of personal goals and the acquisition of tools for their realization;
- To prepare and accompany the resident to reintegration into society, promoting return to educational, training, or work contexts, with the active involvement of the territorial services network;
- To enhance the involvement of family and the reference social network, where possible, to build a stable support system even beyond the stay in the community.

Work with residents is highly diversified, and the outlined objectives vary according to agreements with the Referring Services, as well as based on the resident's psycho-physical state and the impairment of their cognitive, emotional, and behavioral capacities.

# METHODOLOGICAL ASPECTS

## Intervention Approach

The rehabilitation process is structured according to precise and organically integrated methods, long proven and tested throughout PARS's extensive experience. The Service effectively uses the operational methodology of the Integrated Approach, a model that tends to harmonize the different aspects of care (medical-biological, psychological-clinical, educational, and social), prioritizing interventions oriented to building a strong connection with the territory and its resources. This model provides for the structuring of multidisciplinary and flexible interventions, formulated in a personalized way based on individual characteristics and the needs relating to each individual case.

The starting point of every PARS intervention is, in fact, attention to the individual person, welcomed and observed in the entirety of their characteristics. The organization of activities within the Facility is formalized within a Therapeutic Program specific to the Service, in which the interventions to be carried out are scheduled and agreed upon. The transition from one phase to another occurs following the actual achievement of agreed objectives, following the times and needs of the individual. Within the Therapeutic Program, the following are provided:

- Psychological Interventions – A team of highly professional psychologists and psychotherapists follows the resident, agreeing with the educators on the conduct of individual sessions, therapeutic groups, and listening/consultation spaces. The most appropriate intervention methods are decided in relation to the problems of the individual person and the characteristics of the group.
- Medical-Pharmacological Interventions – In agreement with the involved health service (SerD, DSM, NPI), the medical-pharmacological intervention supports and integrates the educational intervention and psychotherapy, aiming to alleviate, in an always contained manner, situations of disturbance or decompensation dictated by specific pathologies. In the case of minors, medical-pharmacological interventions are shared with those exercising parental responsibility/guardianship.



- Socio-Educational Interventions – This type of intervention constitutes a fundamental and essential point of the therapeutic process, aimed at the formation of an adult personality, capable of a serene and constructive relationship with daily life. In a family-like context, the resident is welcomed and accompanied to a vital contact with all aspects of daily life (schedules, order, work and free time), in a permanent confrontation with themselves, with other residents, with educators and with therapists. The objective is to make the subject able to relate in an adequate, expressive, and effective way with reality.

The intervention methodology adopted by the Cooperative conforms to the specific qualitative, structural, technological, and quantitative standards relating to care, defined by the Authorization Manual and the institutional Accreditation Manual adopted by the Marche Region.

## Family Involvement

During the pathway, the gradual and regulated involvement of the family of origin or significant reference figures is promoted, with the objective of including the environment of origin in the educational and therapeutic process. For adult residents, family involvement occurs only with their consent.

The interventions aim to create moments of solidarity and support for families, allowing them to recognize, evaluate, and modify relational patterns and improper behaviors. The family actually plays an important role in the person's care process, which is why it is important to strengthen and reorganize, as far as possible, the structure of the patient's family relationships.

Family members, or other specifically identified reference figures, are provided with all information on the rights and duties of residents as indicated in this Service Charter. In particular, the following are provided:

- Support for parents of drug-addicted young people in treatment with a mutual aid formula;
- Support for family members and residents for regular return to the family at the end of the therapeutic pathway.

When meetings at the facility are scheduled, family members and accompanying persons are guaranteed the possibility of enjoying hot meals within the Facility on the occasion of scheduled meetings or visits. In such cases, meals are consumed together and simultaneously with residents in appropriate spaces indicated by the operators.

## Network and Territorial Relations

Consistent with the values and principles of the Cooperative, the team's activity is constantly coordinated with the **public Services** that have the resident in their care, both regional and extra-regional. This coordination is guaranteed through periodic updates by the team on the progress of the resident's pathway as well as through possible meetings of PARS sector managers at the services themselves. In any case, public services that in various capacities deal with residents (e.g., SerD, DSM/NPI, CGM, social services, etc.) can arrange appointments at the resident's specific reception facility.



The Cooperative's collaboration with Law Enforcement and in general with **Judicial Authorities** is also strong.

In the healthcare field, there is a constant comparison and structured connection with the General Practitioners/Pediatricians of free choice of residents. Operators accompany the resident to the doctor's office; the **GP/pediatrician** can also go to the facility, based on scheduled appointments or upon request, in compliance with any current national and regional collective agreements. On indication of the GP/pediatrician, residents can access territorial health services, such as Macerata Hospital, Civitanova Marche Hospital, or other contracted facilities.

The relationship of mutual collaboration and trust that the community maintains with **schools** of all levels is fundamental. Equally significant is the bond with territorial associations—youth, sports, and cultural—with which shared activities are promoted, aimed at facilitating the reintegration of young people into the social context.

Network work is also implemented through the contribution of training entities, work placement or school recovery, Employment Centers, and other Third Sector territorial entities for residents' social reintegration activities. Particularly noteworthy are the relationships established with Type B Social Cooperatives for ergotherapeutic activities and residents' reintegration into the socio-work fabric, such as those with Koinonia Social Cooperative Onlus and San Michele Arcangelo Agricultural Social Cooperative Onlus. In this area, other collaborations with Cooperatives and local Voluntary Associations such as Ut Re Mi APS Association, San Riccardo Pampuri Onlus Foundation are also noted, which provide a valuable contribution to the facility's activities.

PARS develops network action also at **regional and national level** through membership in ACUDIPA—Association for the Treatment of Pathological Addictions—an Italian network of public and private operators, and CID—Italian Committee on Addictions—a committee composed of private entities, both active in the field of pathological addictions and present in multiple Italian Regions. With a view to network action, the Cooperative finally promotes prevention activities at Schools and youth gathering places, maintaining contacts with territorial Universities for the activation of training internships.

The **Service Charter** was drafted with the involvement of the main professional figures employed in the delivery of services within the facility such as Doctors, Psychologists, Educators, and Social Workers, as well as with the contribution of representative groups of families and residents. The Service Charter is therefore presented as a flexible document, sensitive to indications from its application, normative references, and information arising from the active participation of residents and the community.

## SERVICE CHARACTERISTICS AND ORGANIZATION

### Access Procedures

Access to the facility occurs upon request from the territorially competent Addiction Service (SerD), possibly in collaboration with the Mental Health Department (DSM) of the resident's residence.

In the case of admission of a minor resident, in addition to SerD and, if necessary, the Child Neuropsychiatry Service (NPI), referral can also be made by the Juvenile Justice Center (CGM), if the minor has pending criminal charges.

Private access is also possible.

Admission requests are managed by the **PARS Admissions Manager**, who is available for any information and for the completion of admission procedures at the PARS Cooperative headquarters.

**Monday to Friday: 9:00 AM - 1:00 PM and 2:00 PM - 5:30 PM**  
**Tel. 0733/434861 - Email: [info@pars.it](mailto:info@pars.it).**

In agreement with the resident's Service of origin, the admission request will be followed by informational interviews aimed at the correct assessment of the pathway, real motivation, and identification of the most suitable facility for the situation. The number of preliminary interviews is determined taking into consideration various elements, such as: the availability of reception at the Facilities, the degree of motivation of the resident, family support conditions, agreements with the Service having the resident in care, and the definition of general health status. In case of positive assessment, the date of admission to the facility is agreed upon and all useful information for admission is provided. For admission purposes, presentation of the following documentation is required:

- Copy of medical documentation and clinical examinations carried out through the competent Local Health Authority;
- Medical certification of any ongoing pharmacological therapies;
- Copy of health card and ticket exemption card;
- Copy of valid identity document.

**In any case, the admission of minor users, unless it occurs following a judicial order, is subject to the consent of those exercising parental responsibility/guardianship.**

## Activation Times and Waiting List Management

From the moment the first contact occurs until admission, an average of 30 days passes, a time that can also vary based on the urgency and specific situation of the resident, verified during admission interviews. Admissions are scheduled at least one week in advance, except in urgent cases, where times may be shorter.

A **waiting list** is prepared, consisting of admission requests deemed valid but which cannot be satisfied at the time of presentation due to lack of space. The Admissions Manager analyzes the waiting list, jointly evaluating with the team the priority for admission through a series of factors including: chronology of request presentation, documentation received from Referring Entities; origin from other facilities; psycho-social situation, any urgent reasons reported by the Service, resident, or family.

Once the incoming resident is identified, the Admissions Manager contacts the referring service or the reference person indicated in the application. In case of refusal, note is taken of the reason. Waiting lists are managed and constantly updated by the Admissions Manager, also for the purpose of verifying the correct process with respect to the request date, interview date, and expected admission date. The Admissions Manager prepares a semi-annual report for the PARS Management on compliance with the lists and the causes that have determined changes.

## Reception Procedures

The resident's pathway within the Facility includes an initial **observation** period aimed at mutual knowledge and integration, for daily coexistence with the resident group and the therapeutic team. During the observation period, all useful information is acquired for the preparation of an **Individualized Therapeutic Project** that allows the resident to acquire autonomy and skills, improve personal care, and maintain relationships with family and parental context

## The Resident's Stay and Therapeutic-Rehabilitation Pathway

The person is inserted within their own group and entrusted to reference operators. The collected data, as well as the initial observation of the subject's responses to program activities, lead to the drafting of a Personalized Therapeutic Project, in agreement with the Service of origin. The Project is therefore carried out in compliance with what has been established when sharing it with the referring Service, also providing for the involvement of networks and resources present in the territory. This is also formulated by involving the resident consistent with their psycho-physical and developmental state and their family conditions, and is shared with the resident and those exercising parental responsibility/guardianship.

The Project is structured but flexible and is formulated in a personalized way based on individual characteristics and the resident's specific needs. The program defines intervention areas, objectives, and duration, to progressively achieve short, medium, and long-term objectives in sequential phases of variable duration, compatible with the resident's pathway progress. In summary, the project is implemented through the resident's involvement in various activities, such as:

- Therapeutic activities, such as individual and group psychotherapy sessions, psychological support for the family group, medical-psychiatric visits to support and integrate psychotherapy;
- Group educational activities, such as manual and psychomotor activities and expressive activities;
- Socialization activities, such as cultural, sports, recreational, and relational activities, internal and external to the center;
- Professionalizing training activities for school recovery and/or to facilitate socio-work integration;
- Auxiliary activities such as domestic tasks (cleaning, tidying, etc.) to acquire and consolidate a healthy daily routine.

Each resident's Pathway is monitored by the multidisciplinary Team, which adapts interventions to the resident's pathway progress.

The **conclusion** of the program is agreed with the Service of origin, in order to define discharge procedures for the resident consistent with the degree of autonomy and responsibility matured and the actual possibilities of reintegration within the socio-family environment of origin. The moment of detachment from the facility is carefully planned and well in advance, in order to contain the anxieties and conflicting emotions that are inevitably aroused by this delicate transition. Discharge represents the moment to validate the resident's pathway, verifying the results achieved.

## Internal Organization

The internal organization of services follows what is indicated in the Internal Regulations and in the Facility's Therapeutic Program. The organization indicatively provided for the service is reported below:

Schedule – The day in the community is structured according to a stable yet flexible routine, capable of adapting to the personal needs of each resident. Activities follow a daily schedule with defined times, which helps create clear reference points and facilitates time organization.

The community has two different schedules: a winter Schedule and a summer one.

Days include a variety of activities aimed at personal growth and acquisition of autonomy. In particular, the following are provided:

- Daily care and maintenance activities of common spaces
- Educational, training, and work orientation/placement pathways
- Convivial moments and recreational activities
- Individual interviews and therapeutic groups (on a weekly basis)

All activities are designed to stimulate a sense of responsibility, autonomy, and commitment in daily life, in accordance with the personalized educational project defined by the therapeutic team.

Residents are required to actively participate in community life, taking on responsibilities related to self-care, the environment in which they live, and the activities provided by the program. The day is regulated by precise schedules, which mark the beginning and end of main activities, thus offering a stable and structured framework within which to move.

As an example, the "typical" schedule of the Facility is indicated:

TIME	ACTIVITY
7:00	Wake up
7:30	Breakfast
8:00	Community/educational-training-professional/group or individual psychotherapeutic activities
9:30	break
12.00	Activity interruption
12.15	Group verification of daily tasks
12.30	Lunch

ORARIO	ATTIVITA'
14.00	Rest
15.15	Community/educational-training-professional/group or individual psychotherapeutic activities
17.00 – 17.30	Activity interruption
18.15	Structured recreational, artistic, and cultural activities
19.15	Group verification of daily tasks
19.30	Dinner and TV
21.00	Structured recreational and cultural activities
22.30	Free time in room
22.30	Rest

Schedules may vary in relation to the activities to be organized and the needs of residents, in order to enhance individualities and specificities. The schedule varies on holidays.

**Food Service** – In Residential Communities, breakfast, a mid-morning break, lunch, snack, and dinner are provided. The catering service is provided in compliance with HACCP system standards and regulations and is constantly monitored by an external consultant. Main meals follow a specific menu approved by the Local Health Authority and are delivered from a centralized kitchen at the Villaggio San Michele Arcangelo in Corridonia. In meal preparation, the use of organic and "zero-kilometer" products is preferred, and customized meals are provided in case of specific nutritional and dietary needs of certified residents, as well as dishes not appreciated also deriving from a choice of different dietary regimes for ethical, health, or religious reasons.

**Tutoring** - In case of users with severe distress situations and poor autonomy, the therapeutic team may decide to pair the subject with a "tutor" (reference and support figure), whose additional cost will be agreed with the reference figures.

**Socio-Work Integration** - Residents who demonstrate consistency and reliability in following the therapeutic pathway established with the therapeutic team and the referring service, and who are in the final phase of their Personalized Therapeutic Project, may be enrolled in social and occupational reintegration programmes according to their age. Since 1996, PARS has established a partnership with the Social Cooperative Koinonia Onlus,



which operates in the province of Macerata in the small construction sector. Since 2010, PARS has also been working with the Social Cooperative "San Michele Arcangelo," offering employment opportunities in the agricultural sector, specifically in fruit and vegetable cultivation, vineyard and orchard management, and livestock farming.

Since 2022, PARS has also been operating as a Type B Cooperative, and is therefore able to carry out diverse activities—agricultural, industrial, commercial, or service-based—aimed at the occupational integration of disadvantaged individuals.

**Religious Assistance** – Residents are guaranteed religious assistance during their stay at the facility, in accordance with their faith. Meetings with Catholic priests may also be arranged. When necessary, or for other religious faiths, residents are accompanied by staff to the nearest places of worship.

**Barber and Hairdresser** – To ensure these services, residents are accompanied to the hairdresser's or barber's at scheduled times and days. In some cases, for particular needs, in-house barber/hairdresser services are provided.

## Residents' Rights And Duties

To access the facility, residents and/or those exercising parental responsibility/guardianship are invited to sign the Admission Contract at the time of admission or at the start of the service. This contract is explained and provided during preliminary interviews together with the Regulations. This documentation sets out: rights and duties, rules for community living and residence, documentation to be provided for admission, and cost-sharing arrangements.

Below is an extract from the regulations applicable to the service:

**"Preamble:** *All facilities providing care for individuals with pathological dependencies guarantee voluntary access and participation in the programme, and respect for individuals' fundamental rights, excluding any form of physical, psychological or moral coercion. In the case of minors, consent for access and residence is provided by those exercising parental responsibility/guardianship."*

**Rights:** *Residents have the following rights:*

- *right to receive adequate information about the Service provided through the Service Charter, which must be available and consultable by residents at the admission interview;*
- *right to be treated with respect without any discrimination;*
- *right to receive necessary and appropriate treatment for their recovery process;*
- *right to have the treatment proposed periodically evaluated in terms of effectiveness, appropriateness and consistency with the objectives set in the therapeutic project;*
- *right to respect for their privacy, dignity, and safety;*
- *right to visit by their general practitioner and to be followed by them during their stay in the facility;*
- *right to be assisted and cared for in respect of human dignity and their philosophical, cultural, and religious convictions, as well as to receive religious assistance, if requested;*
- *right to respect for their intimacy and modesty;*
- *right to always be identified by their name and surname during their stay in the Facility rather than through references to the pathology and that operators address them with respectful language;*
- *right to obtain copies of documents contained in their personal file within the time limits provided in this Service Charter;*
- *right to receive clear, complete, and understandable information from staff regarding the proposed therapeutic program;*
- *right to submit complaints that must be examined and to be informed about their outcome according to the reference procedure provided in this Service Charter;*

- right to receive visits in the Community from their representatives and their lawyer;
- right to make outings for personal needs in any case scheduled with the operator;
- right to interrupt the program undertaken by leaving the Facility at any time, even in the presence of a negative opinion from the team, as the stay in the facility is free and voluntary. For minors, interruption must be approved by those exercising parental responsibility/guardianship.
- right to the return of their personal belongings with the methods and times indicated in the facility's Internal Regulations;
- right for PARS to guarantee everything indicated in the Admission Contract, Service Charter, and Agreements stipulated with the Health Authority for the reception of drug-addicted subjects.

**Duties:** The facility guarantees the voluntary nature of access and permanence in the resident's program and specifies duties and community rules that they are required to respect.

The resident is required:

- to accept the rules and life habits of the group, the role of educators and the team;
- to daily affix their attendance signature in the appropriate daily register;
- to participate in proposed activities, including those external to their facility, and to respect schedules and collaborate in managing the Center by taking care of daily tasks assigned to them;
- to use equipment and furnishings present in the Center with care and attention and to compensate for any damage caused;
- to pay attention and care to personal hygiene and cleanliness of spaces;
- to limit consumption/use of coffee, cigarettes (in compliance with legal provisions), telephone according to what is provided by the Facility team;
- to accept toxicological urine testing as provided in the Therapeutic Program;
- to controlled use of TV and radio;
- to observe the team's provisions for telephone use. In residential therapeutic services, relationships with the outside and with family members (phone calls, correspondence, parental visits) are regulated by the therapeutic team both with respect to methods and frequency;
- to respect the clauses, rules, and/or limitations indicated in the Facility Regulations and/or prescribed by the team.

**Program Interruption:** The following constitute causes for early program termination:

- Introduction of any narcotic or illicit substance;
- Introduction of drugs or dangerous objects, if not expressly and preventively authorized;
- Absence from the Center not foreseen (even for a short time) or without justified reason or failure to return by the scheduled date or time without justified reason;
- Physical, verbal violence, and theft;
- Introduction of weapons;
- Lack of or insufficient collaboration in Center activities.

In cases of program interruption for the above reasons, discharge will be communicated to the Referring Service and, in the case of minors, to those exercising parental responsibility/guardianship, for consequent actions.

In case of voluntary interruption of the therapeutic program, the resident must await the team's opinion which, if positive, proceeds with discharge, subject to consent of those exercising parental responsibility/guardianship for minors. In case the resident interrupts the program without the team's consent, they assume all responsibilities and can no longer claim any rights towards the Center. In all cases of interruption of the undertaken program both with and without the team's consent, the resident and/or those exercising parental responsibility/guardianship must take away all personal belongings and cannot subsequently make any claim towards the facility.

STAFF

Regulatory Framework

The reference regulation for personnel standards that must be guaranteed for this type of facility, to which the Cooperative conforms, is the Marche Region DGR 937/2020 called "Authorization Manual for health and socio-health facilities," and the Marche Region DGR 1412/2023 called "Regional Law 21/2016 - Update of the Authorization Manual for extra-hospital health and socio-health facilities that provide services in residential and semi-residential mode. Modification of DGRs 937/2020 and 938/2020," Specific Area Pathological Addictions. The requirements for the Specialized Therapeutic Community for Drug Addicts including psychiatric comorbidity for minors and young adults called "Icaro" are reported below:

<b>STD1 Specialist Therapeutic Facility for Pathological DependenciesSTD1C Specialized Therapeutic Facility for pathological addictions including psychiatric comorbidity for minors and young adults</b>	
General definition: highly specialized residential community for observation, diagnosis, and treatment of drug-addicted subjects with psychiatric comorbidity minors/young adults	
Standards for 24 places. In case of occupancy below 20 places, a proportional reduction of FTE up to a maximum of 30% is applicable.	
<b>PROFESSIONAL FIGURES</b>	<b>FULL-TIME EQUIVALENT (FTE=36H)</b>
Program Manager: psychologist	<b>1</b>
Psychiatrist	<b>1/18</b>
Psychologist psychotherapist	<b>2/3</b>
Educator/nurse/psychologist	<b>1 + 1 every 4 residents</b>
Other professional figures with specific training in the field of drug addiction (workshop master)	<b>1</b>

## Organizational Chart

The Cooperative has an organizational chart describing the main roles and responsibilities provided within the organization at the management level, with indication of responsible figures. The main functions related to the facility in question are:

- **Admissions Manager and Educational and Therapeutic Centers Coordinator:** coordinates and supervises activities related to the drug addiction sector, chairs periodic facility team meetings, is responsible for programming admissions to reception facilities for subjects with pathological addictions, manages the waiting list for access to facilities, maintains relationships with Referring Services, Judicial Authorities and Law Enforcement, and is responsible for information flows to which facilities are held towards national and/or regional Authorities.
- **Quality Management System Manager:** has responsibilities relating to the maintenance and supervision of the quality management system;
- **HACCP Manager:** has responsibilities connected to HACCP system supervision;
- **RSPP:** has responsibilities in matters of workplace safety pursuant to Legislative Decree 81/2008.

The facility also has a specific organizational chart of the team operating in the Center.

## Function Chart

**1. Facility Manager** – Identified by the President of the Cooperative on the basis of professional skills and experience gained, may be designated as a common figure to other facilities. The Facility Manager has the following functions:

- Has responsibility in clinical risk management;
- Supervises implementation of the therapeutic program in accordance with guidelines, approach, and methodologies adopted by the Cooperative;
- Monitors compliance with regional regulatory requirements related to the assigned facility type, as well as on psycho-socio-educational practices implemented in facilities, proposing any modifications to procedures and protocols implemented;
- Collaborates with the management team for monitoring and updating the protocol relating to good regional practices and ministerial recommendations of relevance and appropriateness of services adopted by the Cooperative.

**2. Program Manager** – Identified by the President of the Cooperative on the basis of professional skills and experience gained; may also cover the role of Facility Manager. The Program Manager has the following functions:

- Supervises and manages the therapeutic program so that it is correctly applied and corresponds to the applied methodology;

- Organizes the activity schedule in the Facility, as well as staff rotation, assigning related tasks (facility hour management, preparation of work shifts, management of holidays and replacements for illness and injury);
- Organizes facility access by psychiatrists, psychologists, nurses and workshop masters, trainees, volunteers, and other possible support figures;
- Supervises operators' activities;
- Transmits Management directives to operators employed in the facility;
- Reports to the Coordinator/supervisor of therapeutic services and proposes any improvement actions.

**3. Educator** – The educator performs the following activities:

- Organizes the day in the Community, in accordance with the Facility schedule;
- Verifies regular performance of activities by Residents;
- Collects useful information about users, which will be communicated in periodic team meetings;
- Conducts educational groups;
- Accompanies users outside the community;
- Collaborates in drafting, updating, and implementing the personalized therapeutic program;
- Updates, as relevant, residents' documentation and provides for related archiving;
- Coordinates with other team members on residents' pathway progress;
- Is reference operator for users "assigned" by the team.

**4. Psychologist/Psychotherapist** – The psychologist psychotherapist performs the following activities:

- Conducts individual and group psychotherapeutic sessions;
- Administers scientifically validated psychological tests;
- Relates with other team members regarding the progress of the relationship with the followed resident.

**5. Psychiatrist** – The psychiatrist performs the following activities:

- Conducts individual and group sessions;
- Administers scientifically validated tests;
- Prescribes any pharmacological therapy for Residents, coordinating with General Practitioners and any specialist doctors of the resident;
- Relates with other team members regarding the progress of the relationship with the followed resident.

**6. Nurse** – The PARS nurse handles medication management and therapy preparation and is available based on residents' needs;

**7. Supervisor** – The supervisor organizes and manages supervision activities of the therapeutic teams of different facilities.

## Team Meetings and Supervision Sessions

The team meets periodically for case management, monitoring, and evaluation of pathway progress and objectives achieved. In **Team Meetings**, each individual resident's situation is carefully examined. All professional figures of the facility participate and contribute, reporting on the progress of individual sessions, therapeutic groups, and behavior in general daily activities. The progress of individual therapeutic programs is discussed; observations, updates, information are exchanged; service organization and programming, ergotherapeutic activities, meetings with services and family members, etc., are defined.

Another fundamental verification moment is constituted by **periodic supervision** which guarantees, thanks to objective observation and evaluation by the professional with many years of experience in the sector who presides over it (medical-psychiatrist/psychotherapist), to progressively adapt and calibrate the intervention based on emerging problems. All these meeting moments also allow effective intervention within the work group, favoring the integration of all multiple professionalities, protecting staff from burn-out risk.

## Work Shift Organization

For the Facility, a staffing plan is prepared indicating the number of figures engaged in the service, the role covered and the educational qualification as well as the service hours. Dependent staff are hired based on the Social Cooperatives CCNL, to which external collaborators and professionals are added.

In the Facility, continuous presence of socio-health personnel is guaranteed for the entire duration of activities. Rotation is in fact organized in such a way as to ensure **continuity in service delivery** and scheduled activities. The Program Manager is present in the Facility mainly during daytime hours, while the work of therapists and psychiatrists is organized respecting the weekly hours assigned by programming based on current regulations. During daytime hours, the possible presence of volunteers and scholarship-trainee operators is also provided, in an integration function and never as a replacement for hired staff.

## Staff Selection Criteria

The Cooperative, through its Quality System, adopts proven and standardized operating methods for carrying out the selection and hiring of new personnel, described within a specific procedure. The Human Resources Office, together with the Service Manager, selects new human resources based on received curricula, subsequently contacting candidates and conducting one or more informational interviews. During the first meeting, candidates' characteristics are evaluated, selecting the most suitable ones based on the following criteria:

- Educational qualification;
  - Skills necessary for the position;
  - Territorial proximity;
  - Previous experience;
  - Aptitudes;
  - Other specific requirements related to the position sought.

For selected individuals, an initial period of reception, support, and training is provided.

## Training and Professional Development

PARS staff are adequately trained and competent, both clinically and educationally, because they undergo continuous updates, with mandatory ECM requirements where provided, and periodic participation in conferences and specific training courses.



Annually, the PARS Training Manager collects the training needs of employed personnel in order to prepare an annual Training Plan, functional and consistent with the expectations and needs of its workers.

The proposed training activity is both internal and external (provided by qualified consultants with many years of experience in the training subject) and can take place both in person and remotely. This is articulated into:

- **Mandatory training** – on specific topics required by current regulations (safety, privacy, first aid, fire prevention, HACCP, etc.);
- **Continuing education** – for fulfilling ECM obligations;
- **On-the-job training** – connected to the support/training period for new personnel;
- **Management training** – relating to management systems and models compliant with national/international standards/regulations adopted by the Cooperative (e.g., Training related to quality management system with reference to service procedures and operational instructions; training related to Model 231/2001, etc.);
- **Supervision** – conducted during team/supervision meetings;
- **Training as needed** – when a specific training need is identified, including participation in external courses, seminars, conferences on specific topics;
- **Training activities for figures with management roles;**
- **Technical training** – for various professional figures operating in the Cooperative.

- Training activities for figures with management roles;
- Technical training – for various professional figures operating in the Cooperative.

In addition to employed staff, the Cooperative is committed to providing training pathways for socio-work reintegration also for individuals who have not yet gained professional experience, through the implementation of:

- Training internships;
- Training work placement;
- Universal Civil Service.

## QUALITY

### Quality Management System

Since 2003, the Cooperative has obtained certification of the Quality Management System for Therapeutic Facilities in accordance with UNI EN ISO 9001.

The UNI EN ISO 9001 Quality Management System applied allows for effective resource management and optimal operational efficiency and full satisfaction of involved stakeholders (residents, families, public and private Entities, network partners).

### Quality Standards

The intervention methodology adopted by the Cooperative conforms to the specific qualitative, structural, technological, and quantitative standards relating to care, defined by the Authorization Manual and the institutional Accreditation Manual adopted by the Marche Region.

Quality standards relating to the service provided are defined based on the expectations of the main stakeholders involved. Based on these expectations, quantitative indicators for monitoring the quality of services provided have been defined. For each of them, standards are defined that allow periodic verification of the quality level achieved.

### Continuous Improvement

Activity improvement processes are at the basis of the Quality Management System implemented by the Cooperative and find continuous progressions in monitoring and evaluation actions carried out by the quality office, the Facility Management, and the external Certification Body.

Annually, questionnaires are also administered to detect satisfaction, not only of residents and staff, but also of Referring Entities. Satisfaction analysis allows acquiring information aimed at continuous improvement of the quality of services provided.

## Complaints

Anyone has the possibility to express observations and make complaints following disruptions, malfunctions, acts, or behaviors that have denied or limited the availability of services. Complaints submitted are carefully examined.

Complaints can be received:

- By sending a communication in the communications space on the [www.pars.it](http://www.pars.it) website;
- By completion by the complainant of the Complaints/Suggestions form made available at the Facility;
- By email or other written communication.

In the latter two cases, the report may be submitted via:

- Postal service: Coop. Soc. PARS Pio Carosi Social Enterprise ETS, c.da Cigliano 15, 62014, Corridonia (MC)
- Email: [info@pars.it](mailto:info@pars.it)
- Complaints box present inside the Facility and PARS Offices.

Complaints submitted will be promptly reviewed and those deemed founded will be managed in order to identify causes and identify actions to be taken to remedy them. The complainant will be informed about the outcome of complaint management.

## PRIVACY

Guaranteeing privacy is a commitment and obligation of the PARS Social Cooperative towards the confidentiality of personal and special category data of citizens who turn to the facility. Residents are informed about the processing of personal data pursuant to Articles 13 and 14 of EU Regulation 679/2016. Personal data may be communicated exclusively to authorized internal subjects, to subjects appointed as data processors, to the Judicial Authority, and to Public Services involved in the resident's pathway. Personal data will not be disclosed and will be stored according to current regulations. The data protection officer is the **DPO** (Data Protection Officer) appointed by the Cooperative. The complete information notice pursuant to Articles 13 and 14 of GDPR is available at the facilities.

## INFORMATION ACTIVITY

Information activity is primarily manifested through informed consent. The resident has the right to receive correct information from the facility regarding the proposed treatment, so that they have conscious adhesion to it and the related ethical obligations are fulfilled.

At admission, the Medical Director and therapist provide the resident and/or those exercising parental responsibility/guardianship with clear and comprehensive information and description of the health-rehabilitative treatment, possible risks and consequences of the pathway and/or its interruption, in order to put them in a position to make an informed choice. Consent is obtained through the signing of a form containing the decision of the Resident and/or parental responsibility/guardianship. Informed consent can be revoked at any time by the Resident who decides to interrupt treatment.

The resident is guaranteed for the entire period of stay in the facility the right to information regarding the progress of their pathway.

## ACCESS TO HEALTH DOCUMENTATION

The health and socio-care documentation of each patient is kept in the PARS Cooperative archives also after the patient's discharge. A copy of the health and socio-care documentation may be requested exclusively by the Resident or by an appointed delegate with written delegation, or in the case of minors by those exercising parental responsibility, according to the following procedures:

- Directly, at the Cooperative's operational headquarters, located in the Municipality of Corridonia (MC) - 62014 - Contrada Cigliano No. 15, by the entitled person or by a person with written delegation. Request reception hours: Monday to Friday from 9:00 AM to 1:00 PM excluding holidays;
- Through postal service, addressing the request to the same operational headquarters of the Cooperative: Corridonia (MC), Contrada Cigliano No. 15 - 62014;
- By email sending the request to the email address: "info@pars.it".

**Requests made by telephone are not accepted.** Copies are issued within 7 working days from the request submitted in accordance with the procedures described. Any subsequent additions are reserved.

## DAILY RATE

The cost of the daily rate is borne by the territorially competent Health Service, determined by the Resident's place of residence, based on the rates established by the Marche Region (Framework Agreements). From January 1, 2024, the daily rate for the corresponding type of facility is **€102.51 + VAT**, subject to further updates established by the Marche Region with subsequent Framework Agreements.

For cases of psychiatric comorbidity or other concurrent diagnoses or other complex cases, supplements to the fee may be requested; furthermore, any other additional services requested by the Services shall be considered excluded from the fee.

The Resident or those exercising parental responsibility/guardianship must provide a petty cash fund, as specified in the Admission Contract, intended to cover costs relating to personal expenses that are excluded from the service provided. The following are excluded from the rate:

- Training and sports activities not organized by the facility;
- Medical and pharmaceutical expenses not dispensed by the National Health Service;
- Personal expenses;
- Private specialist therapies/services not dispensed by the National Health Service;
- Transportation home for checks.

If a petty cash fund remains after discharge, the Cooperative will refund the remaining amounts.

## INSURANCE POLICY

The PARS Social Cooperative has activated, in addition to the insurance coverages provided by current regulations (INAIL for employees, volunteers, and Residents employed in external workshop activities), additional and specific insurance policies. In particular, PARS holds:

- Specific insurance policy for socio-health activities carried out;
- "All Risk" insurance policy against direct material damage caused by any event, except those expressly excluded, to real estate consisting of buildings and personal property consisting of electronic equipment and valuables;
- "Cyber Protection" insurance policy for protection from liabilities arising from security device violations and privacy violation relating to loss or unauthorized disclosure of third-party data.

## CONTACTS

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